

<i>SERFF Tracking Number:</i>	<i>META-126210755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42796</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT-MLIC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims Report - MLIC/Denied Claims Report - MLIC</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI	SERFF Tr Num: META-126210755	State: Arkansas
TOI: LTC06 Long Term Care - Other	SERFF Status: Closed-Filed	State Tr Num: 42796
Sub-TOI: LTC06.000 Long Term Care - Other	Co Tr Num: DENIED CLAIMS REPORT-MLIC	State Status: Closed

Filing Type: Form	Reviewer(s): Harris Shearer
Author:	Disposition Date: 08/05/2009
Date Submitted: 06/30/2009	Disposition Status: Filed
Implementation Date Requested: On Approval	Implementation Date:

State Filing Description:

## General Information

Project Name: Denied Claims Report - MLIC	Status of Filing in Domicile:
Project Number: Denied Claims Report - MLIC	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/05/2009	Explanation for Other Group Market Type:
	State Status Changed: 08/05/2009
Deemer Date:	Created By: Mary Rinaldi
Submitted By: Mary Rinaldi	Corresponding Filing Tracking Number:
Filing Description:	
June 30, 2009	

Dear Commissioner:

Re: Metropolitan Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

- Denied Claims

<i>SERFF Tracking Number:</i>	<i>META-126210755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42796</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT-MLIC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims Report - MLIC/Denied Claims Report - MLIC</i>		

Respectfully,

Loren Balletto  
Sr. Product Consultant

Enclosure(s)

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance	mrinaldi@metlife.com
MKTG/AD	
Green Farms Road	203-221-3859 [Phone]
Westport, CT 06880	

### Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>META-126210755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42796</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT-MLIC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims Report - MLIC/Denied Claims Report - MLIC</i>		
<b>Metropolitan Life Insurance Company.</b>	<b>\$0.00</b>	<b>06/30/2009</b>	

<i>SERFF Tracking Number:</i>	<i>META-126210755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42796</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT-MLIC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims Report - MLIC/Denied Claims Report - MLIC</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Harris Shearer	08/05/2009	08/05/2009

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Disposiiton of this Filing	Note To Reviewer	Mary Rinaldi	07/29/2009	07/29/2009

<i>SERFF Tracking Number:</i>	<i>META-126210755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42796</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT-MLIC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims Report - MLIC/Denied Claims Report - MLIC</i>		

## **Disposition**

Disposition Date: 08/05/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-126210755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42796</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT-MLIC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims Report - MLIC/Denied Claims Report - MLIC</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Denied Claims Report		Yes
<b>Supporting Document</b>	cover letter		Yes

*SERFF Tracking Number:*      *META-126210755*      *State:*      *Arkansas*  
*Filing Company:*      *Metropolitan Life Insurance Company.*      *State Tracking Number:*      *42796*  
*Company Tracking Number:*      *DENIED CLAIMS REPORT-MLIC*  
*TOI:*      *LTC06 Long Term Care - Other*      *Sub-TOI:*      *LTC06.000 Long Term Care - Other*  
*Product Name:*      *Individual LTCI*  
*Project Name/Number:*      *Denied Claims Report - MLIC/Denied Claims Report - MLIC*

**Note To Reviewer**

**Created By:**

Mary Rinaldi on 07/29/2009 12:46 PM

**Last Edited By:**

Harris Shearer

**Submitted On:**

08/05/2009 02:43 PM

**Subject:**

Disposiiton of this Filing

**Comments:**

Dear Mr. Shearer,

I see that your status indicates 'pending fees'. It is my understanding we are not required to submit fees for compliance reports. In the past, we have never submitted fees. If this is a requirement, please provide the regulation.

If I am correct, can you please let me know when we may expect a response on this submission.

Sincerely,

Mary J. Rinaldi

SERFF Tracking Number:	META-126210755	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	42796
Company Tracking Number:	DENIED CLAIMS REPORT-MLIC		
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	Individual LTCI		
Project Name/Number:	Denied Claims Report - MLIC/Denied Claims Report - MLIC		

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	NA for this submission		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	NA for this submission		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	NA for this submission		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	NA for this submission		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Denied Claims Report		
<b>Comments:</b>			
<b>Attachment:</b>			
AR MLIC CLAIMS DENIAL REPORTING FORMS.pdf			



*SERFF Tracking Number:*      *META-126210755*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company.*              *State Tracking Number:*              *42796*  
*Company Tracking Number:*      *DENIED CLAIMS REPORT-MLIC*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Individual LTCI*  
*Project Name/Number:*              *Denied Claims Report - MLIC/Denied Claims Report - MLIC*

**Item Status:**

**Status  
Date:**

**Satisfied - Item:**      cover letter

**Comments:**

**Attachment:**

AR MLIC LETTER.pdf

**CLAIMS DENIAL REPORTING FORMS  
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS  
FOR THE REPORTING YEAR OF 2008  
Due 2009**

**Company Name:** Metropolitan Life Insurance Company **Due:** June 30 annually

**Company Address:** 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6546  
P.O. Box 937, Westport, CT 06881-9909  
(for mailing only)

**Company NAIC Number:** 65978

**Contact Person:** Loren Balletto

**Line of Business:** Individual / Group

**Instructions:**

*The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies.*

Indicate the manner of reporting by checking one of the boxes below:

- ☐ Per Claimant - counts each individual who makes one or a series of claim requests
- ☒ Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA <sup>1</sup>
1.	Total Number of Long-Term Care Claim Reported	538	95,157
2.	Total Number of Long-Term Care Claims Denied/Not Paid	35	7,514
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting <i>(Elimination)</i> Period not met	24	4,669
5.	Net Number of Long-Term Care Claims Denied for Reporting purposes <i>(Line 2, Minus Line 3, Minus Line 4)</i>	11	2,845

6.	Percentage of Long-Term Case Claim Denied of Those Reported ( <i>Line 5 divided by Line 1</i> )	2.04%	2.99%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy <sup>2</sup>	1	573
9.	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	3	515
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	297
11	• Other <sup>5</sup>	7	1460

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.



Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 937, Westport, CT 06881-0937



June 30, 2009

The Honorable Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

- Denied Claims

Respectfully,

A handwritten signature in black ink, appearing to read "Loren Balletto". The signature is fluid and cursive, with the first name "Loren" and last name "Balletto" clearly distinguishable.

Loren Balletto  
Sr. Product Consultant

Enclosure(s)